



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/624,086
		Filing Date	July 21, 2003
		First Named Inventor	Ho
		Group Art Unit	2873
		Examiner Name	Schwartz, J.M.
Total Number of Pages in This Submission	16	Attorney Docket Number	D-2895CIP2

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form (in duplicate)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Stout, Uxa, Buyan & Mullins, LLP		
Signature			
Printed Name	Frank J. Uxa		
Date	6/1/2006	Reg. No.	25,612

CERTIFICATE OF TRANSMISSION/MAILING

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Signature		
Typed or printed name	Janet McGhee	Date
	6/1/06	

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FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

Application claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1100)

Complete if Known	
Application Number	10/624,086
Filing Date	July 21, 2003
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Art Unit	2873
Attorney Docket No.	Schwartz, J.M.

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number 21-0890 Deposit Account Name Frank J. Uxa

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) associated with this communication Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
							Subtotal (1)
							0

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple Dependent Claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity	Fee (\$)	Fee Paid (\$)
64	-20 or HP = 14	x 50	700		50	25
					200	100

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
6	-3 or HP = 2	X 200	400

HP = highest number of independent claims paid for, if greater than 3

Subtotal (2) 1100

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100 =	/50=	(round up to a whole number)	x	=

Subtotal (3) 0

Fee Paid (\$)

Subtotal (4) 0

Fee Paid (\$)

Subtotal (



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/624,086 Confirmation No. 6002
Applicant : HO et al.
Filed : July 21, 2003
Title : JUNCTIONLESS OPHTHALMIC LENSES AND METHODS FOR
MAKING SAME

TC/A.U. : 2800/2873
Examiner : SCHWARTZ, J.M.

Docket No. : D2895-CIP2
Customer No. : 33197

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Date: June 1, 2006
Signed: Janet McGree

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

This response is being submitted in reply to the Office Action of March 1, 2006. Please amend the application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

06/13/2006 YPOLITE1 00000077 10624086
Remarks/Arguments begin on page 14 of this ⁰¹⁵⁶¹⁰⁰² paper.
02 FC:1201
700.00 OP
400.00 OP